



1690 North Blvd.  
Baton Rouge, LA 70802  
1.888.454.2001

**RENT INCREASE REQUEST FORM**  
**PERMANENT SUPPORTIVE HOUSING-PROJECT BASED VOUCHER PROJECT**

**Instructions:** Owner or authorized property representative should complete this form and return it via email, fax or mail to Louisiana Housing Authority. Forms should be returned **at least 60 days** prior to the tenant's annual recertification date. Please contact our office should you need assistance identifying this date.

**Unit Information:**

Project Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Recertification Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Owner/Management Representative:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Rent Increase Request:** Indicate the number of units for which you are requesting a rent increase, including the current rent. For Project Based Voucher units, you must also indicate the amount requested.

Number of Bedrooms	Number of Units	Current Rent	Requested Rent
0 Bedrooms/Studio		\$	\$
1 Bedroom		\$	\$
2 Bedroom		\$	\$
3 Bedroom		\$	\$
4 Bedroom		\$	\$

**Utility Chart:**

Insert "O" if furnished by Owner and included in the rent, "T" if furnished by the Tenant.

ITEM	COAL	OIL	NATURAL GAS	ELECTRIC	L.P. GAS	OTHER
HEAT						
COOKING FUEL						
AIR CONDITIONING						
LIGHTING/REFRIDGERATION						
WATER						
SEWER						
TRASH COLLECTION						
RANGE						
REFRIDGERATOR						
HOT WATER						

**Owner/Management Representative Signature:**

I certify that the information provided on this form is complete and accurate to the best of my knowledge.

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Date received: \_\_\_\_\_ Date rent analysis completed: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Comments: \_\_\_\_\_